

DEPARTMENT OF MENTAL HEALTH **STRATEGIC PLAN**

The following are definitions of mental health-specific terms and acronyms used in the DMH 2009-2014 Strategic Plan.

MENTAL HEALTH-SPECIFIC **TERMS**

1115 Waiver

Provides up to \$766 million annually in federal funds for reimbursement for care provided in hospitals and clinics to Medi-Cal and uninsured patients. Local government entities will certify their public expenditures to claim this federal funding. The state of California is requesting a 1115 waiver, in order to expand the eligibility of beneficiaries and to provide for more care for the uninsured to help the safety net providers.

1915 (b) Waiver

The Medi-Cal Specialty Mental Health Services 1915(b) Consolidation Waiver Program, or Freedom of Choice Waiver, Provides mental health services for enrollees with specified diagnoses requiring treatment by licensed mental health professionals through county mental health plans. The federal Medicaid program generally requires the beneficiaries the freedom to choose their providers, however, California provides their mental health services for Medicaid beneficiaries through a mental health plan and therefore, the beneficiaries are limited in their choice of providers. As a result, California must request a waiver from the federal government through the 1915 (b) waiver.

Civil Rights of Institutionalized Persons Act Enhancement Plan (CRIPA EP)

On May 2, 2006, the United States Department of Justice (USDOJ) and the State of California reached a settlement concerning civil rights violations at four California State Hospitals. The extensive reforms required by the five-year Consent Judgment will ensure that individuals in the hospitals are adequately protected from harm and provided adequate services to support their recovery and mental health. Each of the four state hospitals (Atascadero, Metropolitan, Napa, and Patton) listed in the USDOJ Consent Judgment have reached substantial compliance and continue to meet the level of care standards and treatment model adjustments set out by the Court Monitor. Each hospital is in its final round of review, at which time the Department will assume the responsibility of maintaining such standards. Although Coalinga State Hospital is not under direct order, the Department is implementing the Enhancement Plan in this facility. Each hospital has adopted the Recovery Model; the belief that individuals with a mental illness can recover and lead meaningful lives, and put in place the structures to support this model of treatment and service delivery. The DMH is committed to the implementation of the Enhancement Plan within the specified time frames and continues diligent efforts to achieve this goal.

Federal Financial Participation (FFP)

For services meeting FFP cost-sharing requirements, the cost of mental health services is paid through a combination of county, State, and Federal funds. The amount of FFP is determined annually, known as the Federal Medical Assistance Program percentage. FFP is paid in arrears based on claims for actual provider expenses submitted to DMH by the county for reimbursement.

Mental Health Parity and Addiction Equity Act of 2008

This is a federal law that provides participants who already have benefits under mental health and substance use disorder coverage parity with benefits limitations under their medical/surgical coverage.

Mental Health Plan (MHP)

In each California County, specialty mental health services are provided by a county mental health plan (MHP). Each MHP has a contract with the State Department of Mental Health (DMH) to provide and pay for medically necessary services; DMH then reimburses MHPs for certified expenditures. The MHP may provide these services directly, or contract with organizational providers to deliver services.

Mental Health Services Act (MHSA)

In 2004, the Mental Health Services Act (MHSA) was enacted through voter initiative (Proposition 63). The MHSA provides funds for DMH to distribute to the counties for a broad continuum of mental health services and supports, including prevention and early intervention activities. In addition, the Act provides funds for the personnel, training and infrastructure needed to deliver these services and to monitor progress toward statewide goals for children, transition-age youth, adults, older adults and families.

Patients' Council

There are councils at every hospital, and membership consists of individuals, program managers, and administrators. It creates a forum for the individuals who work with hospital staff to resolve problems and bring forward proposals, providing the opportunity to work toward change from within the system.

Physician Order System

This system automates physician order entry and transmission of physicians' orders to the service provider. This reduces order turnaround time and errors, and promotes more timely and effective patient treatment. Laboratory tests with online billing, Dietary Orders, and Physician Progress Notes are also performed within the system. There are over 900 users at Napa State Hospital using POS to perform their daily operations.

Sex Offender Commitment Program (SOCP)

Due to concerns regarding the risk to public safety resulting from violent, mentally disordered sex offenders being released from prison, the Legislature enacted this program in 1996. It established a new category of civil commitment for persons found, upon release from prison, to be sexually violent predators. The initial term of commitment is two years and may be renewed until the individual's diagnosed mental disorder has so changed that he or she is not likely to commit an act of sexual violence.

Short-Doyle/Medi-Cal Phase 2 claims processing system (SDMC2)

Since the California Department of Mental Health contracts with county Mental Health Plans (MHPs) to deliver community specialty mental health services, MHPs are required to submit claims for payment of services rendered. Short-Doyle/Medi-Cal is a computer system that processes mental health claims from MHPs. Phase 2 of this system ensures full compliance with the Health Insurance Portability and Accountability Act (HIPAA), increases timeliness and efficiency of claims payment, and ensures accountability.

State Plan Amendment (SPA)

DMH and the Department of Health Care Services (DHCS) are in the process of amending California's Medicaid State Plan sections related to Specialty Mental Health Services. State Plan Amendment #09-004 will update California's Medicaid State Plan to reflect the current specialty mental health delivery system that exists under the Specialty Mental Health Services 1915(b) Waiver Program.

Wellness and Recovery Model Support System (WaRMSS)

As part of the Civil Rights of Institutionalized Persons Act (CRIPA) Enhancement Plan, to increase automation and efficiency, the Department decided to develop, deploy, and support WaRMSS. This is a comprehensive data collection system that allows treatment planning teams to plan and schedule treatments, document individual patient goals, document progress toward goals, and document changes to individual treatment plans. Benefits include the ability to track individuals' needs and outcomes, and manage incidents and patient risks.

COMMONLY USED **ACRONYMS**

ADA	Americans with Disabilities Act
AIM	Administrative Information Management
CDCR	California Department of Corrections and Rehabilitation
CMS	Centers for Medicare and Medicaid Services
CRIPA	Civil Rights of Institutionalized Persons Act
DHCS	California Department of Health Care Services
DMH	California Department of Mental Health
FFP	Federal Financial Participation
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
SDMC2	Short-Doyle/Medi-Cal Phase 2
SOC PSS	Sex Offender Commitment Program Support System
SPA	State Plan Amendment
SVP	Sexually Violent Predator
WARMSS	Wellness and Recovery Model Support System